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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742373 (4)
1. Corporation Name
IONIAN PLAZA CONDOMINIUM, INC.



Principal Place of Business: 110 SALAMANCA AVE CORAL GABLES FL 33134
Mailing Address: C/O GRIFFIN REALTY, INC. 2050 CORAL WAY SUITE 305 MIAMI FL 33145-2634

3. Date Incorporated or Qualified: 04/12/1978
3a. Date of Last Report: 04/27/1996
4. FEI Number: 59-1974499
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN REALTY, INC.
2050 CORAL WAY
SUITE 305
MIAMI FL 33145

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO WILENSKY, LEONARD	1.1 TITLE	DT CRG, YOLANDA
NAME	110 SALAMANCA AVE #207	1.2 NAME	110 SALAMANCA AVE, #201
STREET ADDRESS	CORAL GABLES FL 33134	1.3 STREET ADDRESS	CORAL GABLES, FLA 33134
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD SOLER, LYDIA	2.1 TITLE	
NAME	110 SALAMANCA AVENUE #307	2.2 NAME	
STREET ADDRESS	CORAL GABLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD CRESPO, YOLANDA	3.1 TITLE	SD CRESPO, YOLANDA
NAME	1100 SALAMANCA AVENUE #201	3.2 NAME	110 SALAMANCA AVE, #201
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS	CORAL GABLES, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Leonard Wilensky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LEONARD WILENSKY
Date: 2/4/97
Daytime Phone #: (305) 443-6042
0030315

CR2E037 (9/96)